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CRS Issue Statement on Health Care for Military Personnel and Veterans

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C current military operations in Iraq (Operation Iraqi Freedom) and Afghanistan (Operation Enduring Freedom) present a number of policy challenges for the second session of the 111th Congress. One serious issue is the care of U.S. servicemembers wounded during these long combat engagements. Medical technology available on the battlefields and in U.S. medical facilities is saving the lives of a high percentage of severely wounded soldiers, but they then often face long-term recovery and rehabilitation challenges. Especially prominent or problematic are cases of amputations, brain injuries, and a variety of operational stress injuries to mental health. During the first session of the 111th Congress, oversight hearings were held on the implementation of previously enacted legislation and efforts by the Departments of Defense (DOD) and Veterans Affairs (VA) to redress longstanding problems in the administrative processes affecting wounded soldiers.

A major condition affecting any solution to wounded warrior care is that operational responsibilities are shared by two huge federal departments, DOD and VA, with different policies and procedures. How can the problem of transferring care responsibilities from DOD to VA be accomplished with a “seamless transition” that does not confuse, frustrate, or shortchange the patient and his or her family? Who should determine disability status? Should more of the severely wounded be given the opportunity to remain on active duty in a non-combat status? Are new “case manager” systems helping the wounded and their families navigate the transition? In terms of facilities, Congress can continue to provide important oversight on the progress of major improvements at the Bethesda Naval campus, Fort Sam Houston, and Fort Belvoir as the old Walter Reed Army Medical Center is phased out on the schedule Congress mandated in Base Realignment and Closure legislation.

The second session of the 111th Congress may consider whether further legislation is needed to increase coordination of responsibilities between the two departments, or to seek new approaches to the administration of health care programs for the military personnel and veteran populations. Congress may wish to further clarify whether some programs and benefits for wounded warriors should apply to all injured and ill servicemembers or only to those injured by hostile action. Congress may also opt to pursue oversight activities to encourage the Executive Branch to hasten and improve all initiatives that promise better care for America’s wounded warriors. DOD, for example, is implementing previously enacted legislation designed to increase the use of preventive health services. It remains to be seen what impact these initiatives will have. Moreover, continued growth in medical spending may lead Congress to seek cost savings. In the first session of the 111th Congress, legislation was again passed that prevented DOD from increasing certain co-payment levels for TRICARE beneficiaries. Funding for both the VA and DOD health care systems also may be considered against the larger landscape of health care reform legislation. Although health care reform bills considered during the first session of the 111th Congress did not directly affect the TRICARE and VA health care programs, enactment of health care reform legislation might possibly indirectly affect these programs through broader changes in the health care marketplace. Congress may wish to evaluate the indirect consequences for TRICARE and VA health care that might result if a health care reform bill is enacted.

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